

FILED DEC 9-1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH42954  
State File No. \_\_\_\_\_  
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2895

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>44950 Richmond Heights</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1530 Big Bend Blvd</u>		e. STREET ADDRESS (If rural, give location) <u>1530 Big Bend Blvd.</u>	
3. NAME OF DECEASED (Type or Print) <u>GAROLD CHURCH BARTHOLOMEW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/24/1895</u>
9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>10</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Osteopath</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Delaware Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank A. Bartholomew</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Church</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorothy Hodgdon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W. #1</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Garold Bartholomew</u> ADDRESS <u>1530 Big Bend</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1999</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>11-19</u> , 19 <u>57</u> , to <u>Nov 19</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Nov 19</u> , 19 <u>57</u> , and that death occurred at <u>9 31A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Ralph W. Lathrop, Jr.</u> (Print or title)		23b. ADDRESS <u>1009 McCausland Ave.</u>	
23c. DATE SIGNED <u>11/19/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11/21/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u> ADDRESS <u>6633 Clayton Road</u>	
DATE REC'D BY LOCAL REG. <u>11-19-57</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Sommers</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4780  
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.